



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 16-00010-302

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
VA Greater Los Angeles
Healthcare System
Los Angeles, California**

May 11, 2016

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

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(Hotline Information: www.va.gov/oig/hotline)

Glossary

CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
FY	fiscal year
HT	home telehealth
lab	laboratory
NA	not applicable
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PC	primary care
PTSD	post-traumatic stress disorder
VHA	Veterans Health Administration

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinics and other outpatient clinics under the oversight of the VA Greater Los Angeles Healthcare System and Veterans Integrated Service Network 22 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for home telehealth enrollment, outpatient lab results management, and post-traumatic stress disorder care. We also randomly selected the Gardena VA Clinic, Gardena, CA, as a representative site and evaluated the environment of care on January 12, 2016.

Review Results: We conducted four focused reviews and had no findings for the PTSD Care review. However, we made recommendations for improvement in the following three review areas:

Environment of Care: Managers ensure that:

- Employees at the Gardena VA Clinic receive annual training on the Exposure Control Plan for Bloodborne Pathogens.
- Gardena VA Clinic staff participate in emergency management training and exercises.
- Gardena VA Clinic employees receive the required hazardous communications training.
- The clinic manager reviews the Gardena VA Clinic's hazardous materials inventory twice within a 12-month period.

Home Telehealth Enrollment: Ensure that clinicians document monthly monitoring notes for each month of Home Telehealth program participation.

Outpatient Lab Results Management: Ensure that:

- The facility's written policy for the communication of laboratory results includes all required elements.
- Clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Comments

The Veterans Integrated Service Network and Facility Directors concurred with the Community Based Outpatient Clinic and other outpatient clinic review findings and recommendations and provided acceptable action plans. (See Appendixes C and D, pages 17–21, for the Directors' comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives, Scope, and Methodology

Objectives

The CBOC and OOC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and OOC reviews are recurring evaluations of selected outpatient care activities that focus on patient care quality and the EOC. In general, our objectives are to determine whether:

- The selected CBOC is compliant with EOC requirements.
- The CBOCs/OOCs are compliant with selected VHA documentation requirements for the enrollment, assessment, and monitoring of HT patients.
- The CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.
- The CBOCs/OOCs are compliant with selected VHA requirements related to PTSD screening, diagnostic evaluation, and treatment.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted an onsite inspection, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- HT Enrollment
- Outpatient Lab Results Management
- PTSD Care

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention but are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspection was conducted at a randomly selected outpatient site of care that had not been previously inspected.¹ Details of the targeted study populations for the HT Enrollment, Outpatient Lab Results Management, and PTSD Care focused reviews are noted in Table 1.

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
HT Enrollment	All CBOC and OOC patients screened within the study period of July 1, 2014, through June 30, 2015, who have had at least one “683” Monthly Monitoring Note and did not have Monthly Monitoring Notes documented before July 1, 2014.
Outpatient Lab Results Management	All patients who had outpatient (excluding emergency department, urgent care, or same day surgery orders) potassium and sodium serum lab test results during January 1 through December 31, 2014.
PTSD Care	All patients who had a positive PTSD screen at the parent facility’s outpatient clinics during July 1, 2014, through June 30, 2015.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was performed in accordance with OIG standard operating procedures for CBOC and OOC reviews.

¹ Each outpatient site selected for physical inspection was randomized from all PC CBOCs, multi-specialty CBOCs, and health care centers reporting to the parent facility and was operational and classified as such in VA’s Site Tracking Database by August 15, 2015.

Results and Recommendations

EOC

The purpose of this review was to assess whether CBOC managers have established and maintained a safe and clean EOC as required.^a

We reviewed relevant documents and conducted a physical inspection of the Gardena VA Clinic. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
Document and Training Review			
	Managers monitored clinic staff's hand hygiene compliance.		
X	Clinic managers provided training for employees on the Exposure Control Plan for Bloodborne Pathogens within the past 12 months for those newly hired and annually for others.	At the Gardena VA Clinic, 2 of 17 employees did not receive training on the Exposure Control Plan for Bloodborne Pathogens within the past 12 months.	1. We recommended that employees at the Gardena VA Clinic receive annual training on the Exposure Control Plan for Bloodborne Pathogens.
	The clinic had a policy/procedure for life safety elements.		
	The clinic had a policy for the management of clinical emergencies.		
	The clinic had a policy for the management of mental health emergencies.		
	The clinic had a documented Hazard Vulnerability Assessment to identify potential emergencies.		
	The Hazard Vulnerability Assessment was reviewed annually.		
	The clinic had a policy that requires clinic staff to receive regular information on their responsibilities in emergency response operations.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic staff participated in regular emergency management training and exercises.	Eight of 17 employees at the Gardena VA Clinic had not participated in regular emergency management training and exercises.	2. We recommended that managers ensure that staff at the Gardena VA Clinic participate in emergency management training and exercises.
	The clinic conducted fire drills at the Gardena VA Clinic at least once every 12 months for the past 24 months with documented critiques of the drills.		
	The clinic had a policy/procedure for the identification of individuals entering the clinic.		
	The clinic had a Workplace Behavioral Risk Assessment in place.		
	The alarm system or panic buttons in high-risk areas were tested during the past 12 months.		
	The clinic had written procedures to follow in the event of a security incident.		
X	Clinic employees received training on the new chemical label elements and safety data sheet format.	Two of 17 employees at the Gardena VA Clinic had not received any hazardous communications training on the new chemical label elements and safety data sheet format.	3. We recommended that the clinic manager ensures that Gardena VA Clinic employees receive the required hazardous communications training.
	The clinic had a policy/procedure for the cleaning and disinfection of telehealth equipment.		
Physical Inspection			
	The clinic was clean.		
	The furnishings and equipment were safe and in good repair.		
	Hand hygiene facilities and product dispensers were working and readily accessible to employees.		
	Personal protective equipment was available.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Sharps containers were closable, easily accessible, and not overfilled.		
	Clinic staff did not store food and drinks in refrigerators or freezers or on countertops or other areas where there is blood or other potentially infectious materials.		
	Sterile commercial supplies were not expired.		
	The clinic minimized the risk of infection when storing and disposing of medical waste.		
	The clinic had unobstructed access to fire alarms/pull stations.		
	The clinic had unobstructed access to fire extinguishers.		
	For fire extinguishers located in large rooms or are obscured from view, the clinic identified the locations of the fire extinguishers with signs.		
	The exit signs were visible from every direction.		
	Exit routes from the building were unobstructed.		
	Staff wore VA-issued identification badges.		
	The clinic controlled access to and from areas identified as security sensitive.		
	The clinic had an alarm system or panic buttons installed in high-risk areas.		
X	The clinic's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	The Gardena VA Clinic's inventory of hazardous materials and waste was not reviewed for accuracy twice within the prior 12 months.	4. We recommended that the clinic manager review the Gardena VA Clinic's hazardous materials inventory twice within a 12-month period.
	The clinic's safety data sheets for chemicals were readily available for the staff.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The clinic provided visual and auditory privacy for veterans at check-in		
	The clinic provided visual and auditory privacy for patients in the interview areas.		
	Examination room doors were equipped with either an electronic or manual lock.		
	A privacy sign was available for use to indicate that a telehealth visit was in progress.		
	Documents containing patient-identifiable information were not visible or unsecured.		
	Clinic staff locked computer screens when they were not in use.		
	Information was not viewable on monitors in public areas.		
	Window coverings, if present, provided privacy.		
	Clinic staff protected patient-identifiable information to maintain patient privacy on laboratory specimens during transport.		
	The clinic had examination room(s) for women veterans which were located in a space where they did not open into a public waiting room or a high-traffic public corridor.		
	The clinic provided adequate privacy for women veterans in the examination rooms.		
	The clinic provided feminine hygiene products in examination rooms where pelvic examinations were performed or in bathrooms within close proximity.		
	Women's public restrooms had feminine hygiene products and disposal bins available for use.		
	Multi-dose medication vials were not expired.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	All medications were secured from unauthorized access.		
	The information technology network room/server closet was secured/locked.		
	Access to the information technology network room/server closet was restricted to personnel authorized by Office of Information and Technology, as evidenced by a list of authorized individuals.		
	Access to the information technology network room/server closet was documented, as evidenced by the presence of a sign-in/sign-out log.		

HT Enrollment

The purpose of this review was to determine whether the facility's CBOCs and OOCs are compliant with selected VHA documentation requirements for the enrollment, assessment, and monitoring of HT patients.^b

We reviewed relevant documents and 49 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 3. HT Enrollment

NM	Areas Reviewed	Findings	Recommendations
	Clinicians entered a consult for HT services.		
	Clinicians completed the HT enrollment requests or "consults."		
	Clinicians documented contact with the patient to evaluate suitability for HT services.		
	Clinicians documented the patient or caregiver's verbal informed consent for HT services.		
	Clinicians documented assessments and treatment plans for HT patients.		
	Providers signed HT assessments and treatment plans.		
X	Monthly monitoring notes were documented for each month of HT program participation.	Clinicians did not document monthly monitoring notes for each month of program participation in 8 of 49 EHRs (16 percent).	5. We recommended that clinicians document monthly monitoring notes for each month of Home Telehealth program participation.
	Documentation of HT enrollment (consult, screening, and/or initial assessment notes) was completed prior to the entry of monthly monitoring notes.		

Outpatient Lab Results Management

The purpose of this review was to determine whether CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.^c

We reviewed relevant documents and 48 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. Outpatient Lab Results Management

NM	Areas Reviewed	Findings	Recommendations
	The facility has a written policy regarding communication of lab results from diagnostic practitioner to ordering practitioner.		
X	The facility has a written policy for the communication of lab results that included all required elements.	The facility's written policy for the communication of lab results did not require the communication of lab results to patients no later than 14 days from the date on which the results are available to the ordering practitioner.	6. We recommended that the Facility Director ensures that the facility's written policy for the communication of laboratory results includes all required elements.
X	Clinicians notified patients of their lab results.	Clinicians did not consistently notify 19 of 48 patients (40 percent) of their lab results or within 14 days as required by VHA.	7. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.
	Clinicians documented in the EHR all attempts to communicate with the patients regarding their lab results.		
	Clinicians provided interventions for clinically significant abnormal lab results.		

PTSD Care

The purpose of this review was to assess whether CBOCs/OOCs are compliant with selected VHA requirements for PTSD follow up in the outpatient setting.^d

We reviewed relevant documents and 42 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. PTSD Care

NM	Areas Reviewed	Findings	Recommendations
	Each patient with a positive PTSD screen received a suicide risk assessment.		
	Suicide risk assessments for patients with positive PTSD screens are completed by acceptable providers.		
	Acceptable providers established plans of care and disposition for patients with positive PTSD screens.		
	Acceptable providers offered further diagnostic evaluations to patients with positive PTSD screens.		
	Providers completed diagnostic evaluations for patients with positive PTSD screens.		
	Patients, when applicable, received mental health treatment.		

Clinic Profiles

This review evaluates the quality of care provided to veterans at all of the outpatient clinics under the parent facility’s oversight.² In addition to PC integrated with women’s health, mental health, and tele-health services, the CBOCs provide various specialty care and ancillary services. The following table provides information relative to each of the outpatient clinics and lists the services provided at each location.³

Location	Station #	Rurality	Outpatient Classification ⁶	Outpatient Workload / Encounters ⁴			Services Provided ⁵		
				PC	Mental Health	Specialty Clinics ⁷	Specialty Care ⁸	Ancillary Services ⁹	
Santa Barbara, CA	691GB	Urban	Primary Care CBOC	8,202	4,345	224	Podiatry	Imaging Services MOVE! Program ¹⁰	Nutrition Social Work
Gardena, CA	691GC	Urban	Primary Care CBOC	4,432	1,924	19	NA	Audiology	
Bakersfield, CA	691GD	Urban	Multi-Specialty CBOC	20,755	17,044	5,887	Dental Dermatology Optometry Podiatry Urology	Audiology Diabetes Care Diabetic Retinal Screening Imaging Services Kinesiotherapy	Laboratory Nutrition Pharmacy Prosthetics/ Orthotics Social Work

² Includes all CBOCs in operation before August 15, 2015. We have omitted Culver City (691GI) and West Hollywood (691GJ), as no workload/encounters or services were reported.

³ <http://vssc.med.va.gov/>

⁴ An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient’s condition. Encounters occur in both the outpatient and inpatient setting.

⁵ The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2014, through September 30, 2015, timeframe at the specified CBOC.

⁶ VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, December 30, 2013.

⁷ The total number of encounters for the services provided in the “Specialty Care” column.

⁸ Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

⁹ Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

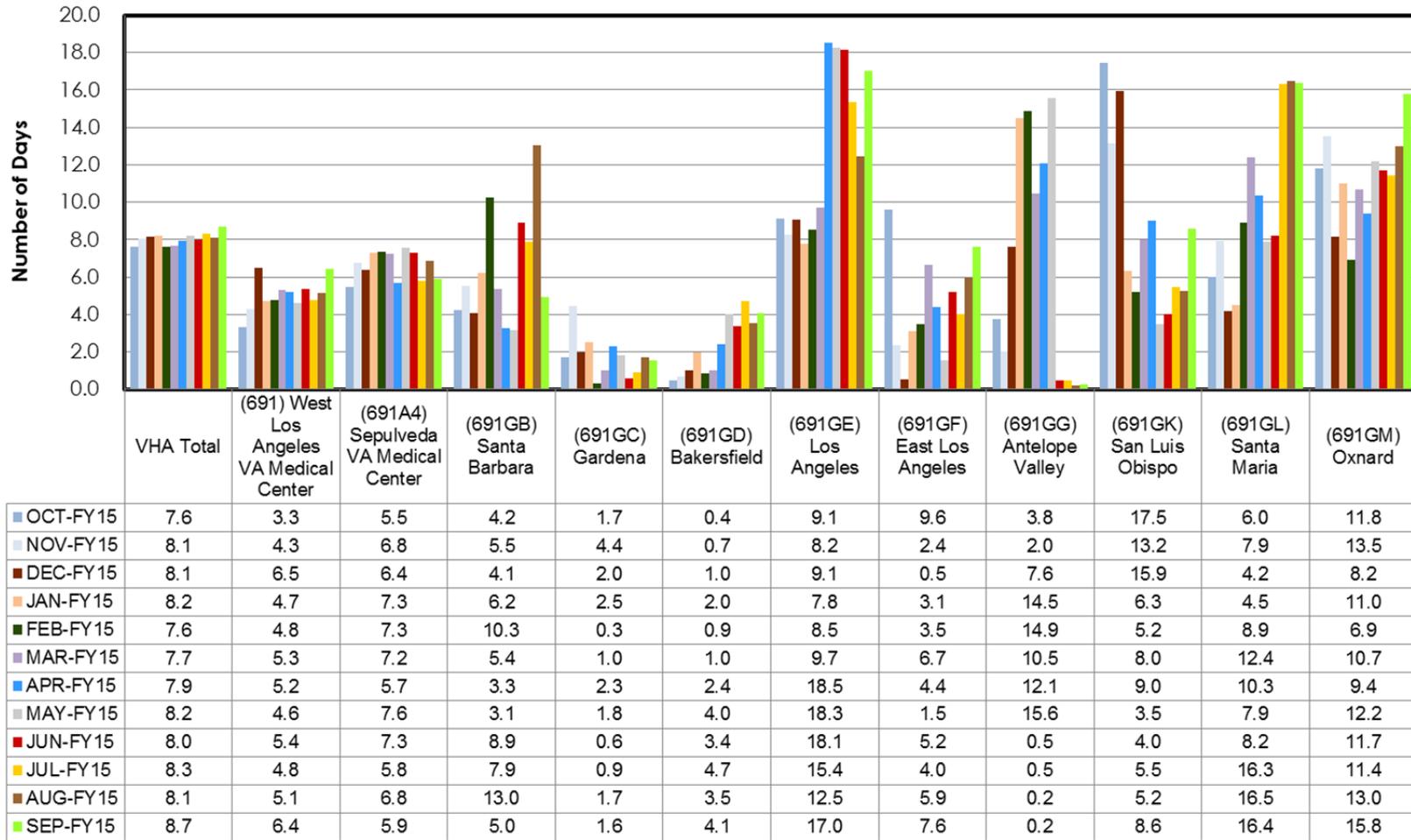
¹⁰ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

Location (continued)	Station #	Rurality	Outpatient Classification	Outpatient Workload / Encounters			Services Provided		
				PC	MH	Specialty Clinics	Specialty Care	Ancillary Services	
Los Angeles, CA	691GE	Urban	Multi-Specialty CBOC	23,651	53,071	23,874	Dental Dermatology ENT General Surgery Infectious Disease Neurology Ophthalmology Optometry Podiatry Urology	Audiology Diabetic Retinal Screening Imaging Services Kinesiotherapy Laboratory MOVE! Program	Nutrition Pharmacy Rehabilitation Services Social Work VIST
Commerce, CA	691GF	Urban	Primary Care CBOC	2,168	8,193	NA	NA	NA	
Lancaster, CA	691GG	Urban	Primary Care CBOC	6,274	690	NA	NA	Audiology Imaging Services	Nutrition
San Luis Obispo, CA	691GK	Urban	Primary Care CBOC	6,916	2,690	29	NA	Audiology Imaging Services MOVE! Program	Rehabilitation Services Social Work
Santa Maria, CA	691GL	Urban	Multi-Specialty CBOC	12,266	7,907	4,930	Dental Dermatology Optometry Urology	Audiology Diabetic Retinal Screening Enterostomal Wound/Skin Care Imaging Services	MOVE! Program Nutrition Pharmacy Rehabilitation Services Social Work
Oxnard, CA	691GM	Urban	Primary Care CBOC	9,995	8,720	NA	NA	Diabetic Retinal Screening	Imaging Services MOVE! Program

ENT = Ear, Nose, and Throat; VIST=Visual Impairment Services Team

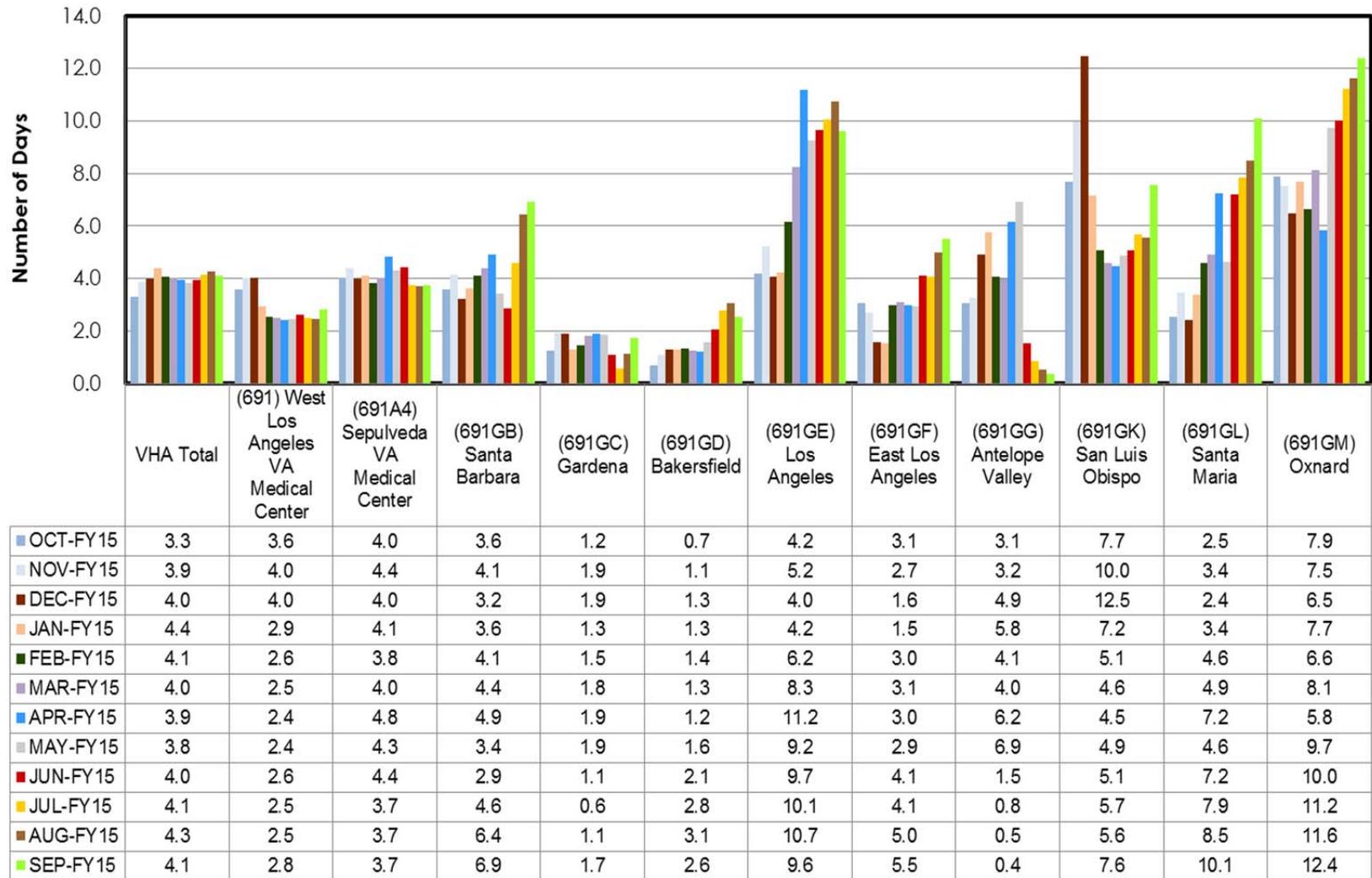
Patient Aligned Care Team Compass Metrics

FY 2015 New PC Patient Average Wait Time in Days

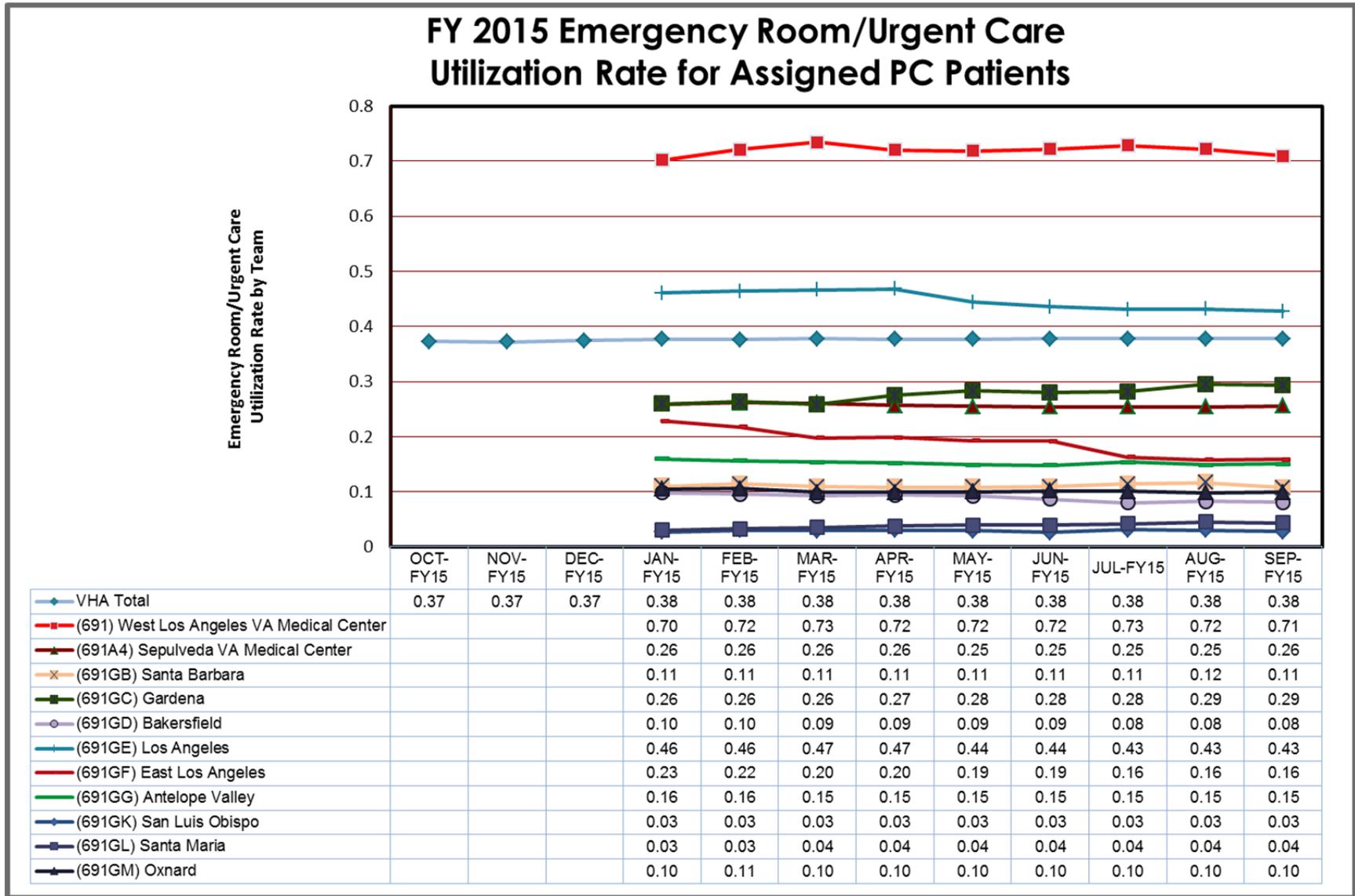


Data Definition.^e The average number of calendar days between a New Patient’s PC completed appointment (clinic stops 322, 323, and 350, excluding Compensation and Pension appointments) and the earliest of three possible preferred (desired) dates (Electronic Wait List (EWL), Cancelled by Clinic Appointment, Completed Appointment) from the completed appointment date. *Note that prior to FY15, this metric was calculated using the earliest possible create date.*

FY 2015 Established PC Patient Average Wait Time in Days

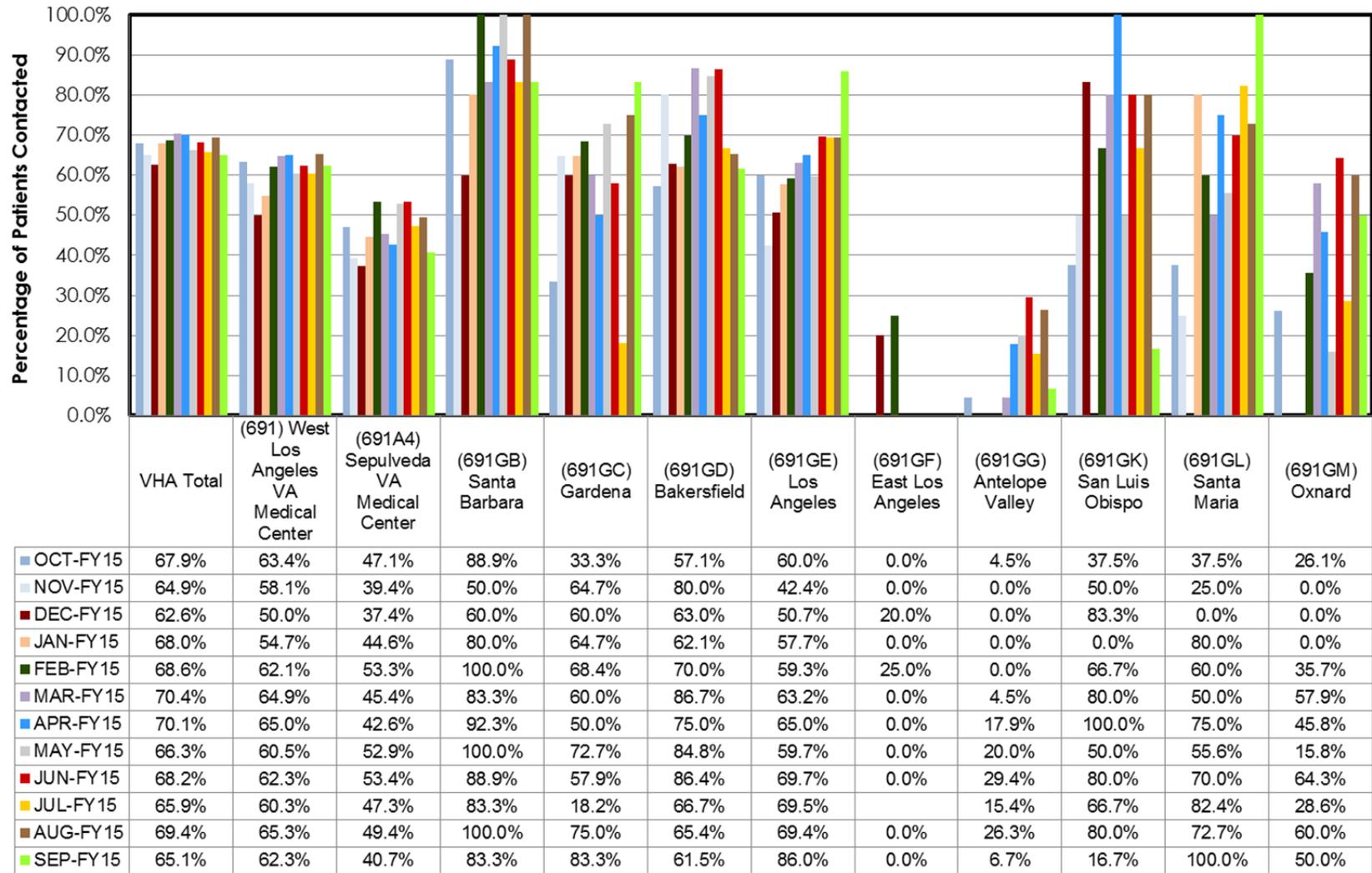


Data Definition.^e The average number of calendar days between an Established Patient’s PC completed appointment (clinic stops 322, 323, and 350, excluding Compensation and Pension appointments) and the earliest of three possible preferred (desired) dates (Electronic Wait List (EWL), Cancelled by Clinic Appointment, Completed Appointment) from the completed appointment date.



Data Definition.^e The total Emergency Room/Urgent Care encounters for assigned PC patients in the last 12 months divided by the Team Assignments. VHA Emergency Room/Urgent Care encounters are defined as encounters with a Primary Stop Code of 130 or 131 in either the primary or secondary position, excluding encounters with a Secondary Stop Code of 107, 115, 152, 311, 333, 334, 999, 474, 103, 430, 328, 321, 329, or 435 and the encounter was with a licensed independent practitioner (MD, DO, RNP, PA). Blank cells indicate the absence of reported data.

FY 2015 Team 2-Day Post Discharge Contact Ratio



Data Definition.^e The percent of assigned PC patients discharged from any VA facility who has been contacted by a PC team member within 2 business days during the reporting period. Patients are excluded if they are discharged from an observation specialty and/or readmitted within 2 business days to any VA facility. Team members must have been assigned to the patient’s team at the time of the patient’s discharge. Blank cells indicate the absence of reported data.

Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 18, 2016

From: Director, Desert Pacific Healthcare Network (10N22)

Subject: **Review of CBOCs and OOCs of VA Greater Los Angeles Healthcare System, Los Angeles, CA**

To: Director, Chicago Office of Healthcare Inspections (54CH)
Director, Management Review Service (VHA 10E1D MRS OIG CAP CBOC)

1. I have reviewed and concur with the findings and recommendations in the draft OIG report, entitled, "Review of CBOCs and OOCs of VA Greater Los Angeles Healthcare System, Los Angeles.
2. If you have any questions or concerns, please contact Jimmie Bates, VISN 22 Quality Management Officer, at (562) 826-5963.

(original signed by:)
Marie L. Weldon, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 18, 2016

From: Director, VA Greater Los Angeles Healthcare System (691/00)

Subject: **Review of CBOCs and OOCs of VA Greater Los Angeles Healthcare System, Los Angeles, CA**

To: Director, Desert Pacific Healthcare Network (10N22)

1. Please find VA Greater Los Angeles Healthcare System response to the Office of Inspector General Health Inspection conducted during the week of January 11, 2016, report entitled, Review of Community Based Outpatient Clinics and Other Outpatient Clinics of VA Greater Los Angeles Healthcare System, Los Angeles, CA.
2. I have reviewed the document and concur with the recommendations. Relevant action plans have been established as detailed in the attached report.
3. If you have any questions or concerns, please contact Therese Cortez, MSN, Acting Chief, Quality Management, at (310) 478-3711 x41389.

(original signed by:)

Ann R. Brown, FACHE

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that employees at the Gardena VA Clinic receive annual training on the Exposure Control Plan for Bloodborne Pathogens.

Concur

Target date for completion: May 31, 2016

Facility response: GLA will ensure that Talent Management System (TMS) module 4172932, *Keeping You and Our Veterans Safe*, which incorporates Exposure Control Plan for Bloodborne Pathogen Training, has been added as a mandatory annual training course for all Gardena VA clinic staff. The Clinic manager will monitor compliance of annual training completion and report this to GLA Environment of Care Committee and Executive Leadership Team.

Recommendation 2. We recommended that managers ensure that staff at the Gardena VA Clinic participate in emergency management training and exercises.

Concur

Target date for completion: June 30, 2016

Facility response: Emergency Management will coordinate with the Gardena Clinic manager to schedule emergency management training and exercises. The Clinic manager will maintain a list of all staff assigned to the area and will ensure that staff participate in the emergency management training and exercises. Completion of the emergency management training and exercises will be reported to GLA Emergency Management Committee and Executive Leadership Team.

Recommendation 3. We recommended that the clinic manager ensures that Gardena VA Clinic employees receive the required hazardous communications training.

Concur

Target date for completion: May 31, 2016

Facility response: GLA will ensure that TMS module 4172932, *Keeping You and Our Veterans Safe*, which incorporates hazardous communications training, has been added as a mandatory annual training course for all Gardena VA clinic staff. The Clinic manager will monitor compliance of annual training completion and report this to GLA Environment of Care Committee and Executive Leadership Team.

Recommendation 4. We recommended that the clinic manager review the Gardena VA Clinic's hazardous materials inventory twice within a 12-month period.

Concur

Target date for completion: September 30, 2016

Facility response: Gardena VA Clinic hazardous materials inventory will be reviewed for accuracy by March 31, 2016. It will be re-evaluated for accuracy in August, 2016. The Industrial Hygienist will require Gardena Clinic to provide semi-annual review of chemical inventories. This information will be submitted to the Safety Office and maintained in a central inventory file. The Industrial Hygienist will monitor compliance of the hazardous materials inventory review and report this to GLA Environment of Care Committee.

Recommendation 5. We recommended that clinicians document monthly monitoring notes for each month of Home Telehealth program participation.

Concur

Target date for completion: June 30, 2016

Facility response: Home Telehealth staff reviewed requirements for documentation of monthly monitoring notes for each month of Home Telehealth Program. The Home Telehealth Program care coordinators have established a process to conduct monthly retrospective chart reviews for veterans enrolled in the telehealth program. Randomly selected chart audits of 30 records per month will be conducted for three consecutive months until 90% compliance is sustained. The results of the audits will be reported monthly to Quality Management and Executive Leadership Team for oversight.

Recommendation 6. We recommended that the Facility Director ensures that the facility's written policy for the communication of laboratory results includes all required elements.

Concur

Target date for completion: May 31, 2016

Facility response: GLA policy for Lab Results Management, which includes all the requirements of communication of laboratory results, is currently under review for concurrence. The policy will be subsequently published and implemented.

Recommendation 7. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Concur

Target date for completion: August 31, 2016

Facility response: Review of VHA Directive 1088, Communicating Test Results to Providers and Patients, will be completed during the March and April Medical Executive Committee Meetings. A reporting process to ensure that test results are communicated to patients within 14 days will be developed. Randomly selected chart audits of 30 records per month will be conducted for three consecutive months until 90% compliance is sustained. The results of the audits will be reported monthly to Quality Management and Executive Leadership Team for oversight.

Office of Inspector General Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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This report is available at www.va.gov/oig.

Endnotes

^a References used for the EOC review included:

- International Association of Healthcare Central Services Materiel Management, *Central Service Technical Manual*, 7th ed.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2015.
- National Fire Protection Association (NFPA), *NFPA 10: Installation of Portable Fire Extinguishers*, 2013.
- National Fire Protection Association (NFPA), *NFPA 101: Life Safety Code*, 2015.
- US Department of Health and Human Services, *Health Information Privacy: The Health Insurance Portability and Accountability Act (HIPAA) Enforcement Rule*, February 16, 2006.
- US Department of Labor, Occupational Safety and Health Administration (OSHA), *Fact Sheet: Hazard Communication Standard Final Rule*, n.d.
- US Department of Labor, Occupational Safety and Health Administration (OSHA), *Regulations (Standards – 29 CFR), 1910 General Industry Standards, 120 Hazardous Waste Operations and Emergency Response*, February 8, 2013.
- US Department of Labor, Occupational Safety and Health Administration (OSHA), *Regulations (Standards – 29 CFR), 1910 General Industry Standards, 1030 Bloodborne Pathogens*, April 3, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information Systems – Tier 3: VA Information Security Program*, March 10, 2015.
- VHA Center for Engineering, Occupational Safety, and Health (CEOSH), *Emergency Management Program Guidebook*, March 2011.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1101.10, *Patient Aligned Care Team (PACT) Handbook*, February 5, 2014.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1605.1, *Privacy and Release of Information*, May 17, 2006.
- VHA Handbook 1907.01, *Health Information Management*, July 22, 2014.
- VHA Telehealth Services, *Clinic Based Telehealth Operations Manual*, July 2014.

^b References used for the HT Enrollment review included:

- VHA Office of VHA Telehealth Services Home Telehealth Operations Manual, April 13, 2015.
Accessed from: <http://vawww.telehealth.va.gov/pgm/ht/index.asp>

^c References used for the Outpatient Lab Results Management review included:

- VHA, *Communication of Test Results Toolkit*, April 2012.
- VHA Handbook 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

^d References used for the PTSD Care review included:

- Department of Veterans Affairs Memorandum, *Information Bulletin: Clarification of Posttraumatic Stress Disorder Screening Requirements*, August 2015.
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^e Reference used for Patient Aligned Care Team Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, accessed: June 25, 2015.